PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENT	11Y	OR	OTHER SMALL E	
U.S.	NATIONAL S	STAGE FEES			·			RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LARG	SE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	3U
EXAMINATION FEE			Satisfies PCT-Article 33(1)- (4) = \$50 / \$ 100			her-situations =		EXAM. FEE		·	EXAM. FEE	20
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		All ot	her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100.=			/ 50 ≐		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			14 min	us 20 =	•			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			/ mi	nus 3 =	•			X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRE	SENT					+ \$ 180 =		OR	+ \$ 360 =	2 \$
* If the difference in column 1 is less than zero, enter "0" in column 2						lumn 2		TOTAL		OR	TOTAL	4/1
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST I							SMALLE					
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDF TIONAL FEE
	Total	• 14	Minus .	" «	20	-		X \$ 25 =		OR	X \$ 50 =	
	Independent	• 1	Minus	•••	3	= /		X \$ 100 =	•	OR.	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	(Column 3) PRESENT EXTRA	7	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	44		•		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		g ,		X \$ 100 =		OR	X \$ 200 =	•.
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =	•	
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
**	if the "Highest Nu	mn 1 is less than the mber Previously Pal	d For IN THIS SPA	ACE is les	s then 20	0', enter "20".				•	•	
***	If the "Highest No	mber Previously Pain ber Previously Paid	d For IN THIS SP	ACE is les	s than '5'	, enter "3".	in th	e appropriate box	in column 1.			